IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 117604 OLIFF & BERRIDGE, PLC P.O. Box 19928 Date: October 24, 2003 Alexandria, Virginia 22320 Telephone: (703) 836-6400 MAIL STOP PATENT APPLICATION Facsimile: (703) 836-2787 NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application SURFACE EMITTING SEMICONDUCTOR LASER AND COMMUNICATION SYSTEM For (Title): USING THE SAME Yasuaki KUWATA By (Inventors): Formal drawings (Figs. 1A-9B; 9 sheets) are attached. 冈 for front page of Publication. Use Figure _ A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to FUJI XEROX CO., LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2003-75443 filed March 19, 2003 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith.

This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF OTHER THAN A ANY PRELIMINARY AMENDMENT NOTED ABOVE SMALL ENTITY **SMALL ENTITY FEE** <u>OR</u> **RATE**

FOR:	NO. FILED	NO. EXTRA	
BASIC FEE			
TOTAL CLAIMS	15 - 20	= 0*	
INDEP CLAIMS	4 - 3	= 1*	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			

^{*} If the difference is less than zero, enter "0".

\$ 385 OR \$ <u>OR</u> 9 = 43 = OR 145 =OR TOTAL \$ <u>OR</u>

RATE	FEE
	\$ 770
x 18	\$
x 86	\$
+ 290	\$
TOTAL	\$ 856
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Check No. 147685 in the amount of \$856.00 to cover the filing fee is attached. Except as otherwise noted herein, \boxtimes the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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